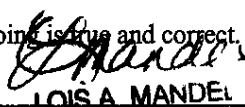
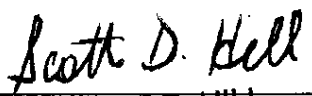


ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TRACY EVANS MOYER 1800 CENTURY PARK EAST 8TH FL Los Angeles, CA 90067 E-MAIL:		Telephone (310) 315-8200 FAX	FOR COURT USE ONLY	
ATTORNEY FOR (Name): IN PROPRIA PERSONA				
US District Court - Southern District of California STREET ADDRESS: 880 Front St MAILING ADDRESS: Ste 4290 CITY AND ZIP CODE: San Diego, CA 92101-890 BRANCH NAME: Southern District of California				
PLAINTIFF: IHHR HOSPITALITY PRIVATE LIMITED DEFENDANT: LESLIE A CABEZAS AND MANUEL E CABEZAS DB				
PROOF OF SERVICE			FILE NUMBER 2008143794	COURT CASE NUMBER 08CVU540LABAJB

1. At the time of service I was at least 18 years of age and not a party to this action.
 2. I served copies of the:
 - f. other (specify documents):
Complaint, SUMMONS IN A CIVIL ACTION
 3. a. Party served: **MANUEL E CABEZAS dba ANANDA CENTER by leaving with Christine Bills Authorized**
 b. Person served: **party in item 3a**
 4. Address where party was served: **945 Hornblend St Ste C**
San Diego, CA 92109-4057
 5. I served the party
 - a. by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of the process for the party (1)on: 4/7/2008 (2)at: 4:45 PM.
 6. The "Notice to the Person Served" was completed as follows:
 - d. on behalf of: **MANUEL E CABEZAS dba ANANDA CENTER**
 under the following Code of Civil Procedure section: **CCP 415.95 (business organization, form unknown)**
 7. Person who served papers:
 - a. Name: **M Karo 5052**
 - b. Address: **San Diego County Sheriff Sheriff's Civil Office PO Box 85306 San Diego, CA 92186-5306**
 - c. Telephone number: **(619) 544-6401**
 - d. The fee for service was: **\$35.00**
 9. I am a California sheriff or marshal and I certify that the foregoing is true and correct.
- Date: April 15, 2008
- Hearing: <No Information>
- 
LOIS A. MANDEL
 Sheriff's Authorized Agent
- 
SCOTT D. HILL
 William B. Kolender, Sheriff